

Form No 1.

(1) PLACE OF BIRTH

County of Cherokee

Township of Calhoun

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42276

Registration District No. 139

Registered No. 97

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child. Maxwell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 13, 1915

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Bozic

(9) PRESENT POSTOFFICE OF FATHER Silver S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Low Postel

(15) PRESENT POSTOFFICE OF MOTHER Silver S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion H. Gayman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Thy F. Stack 1915 Registrar

(26) Witness Thy F. Stack (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/16 1915 (28) Thy F. Stack Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia